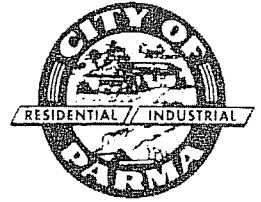




City of Parma, Ohio

DEAN DePIERO
MAYOR



1440 Rockside Road, Suite 306
Parma, Ohio 44134

PUBLIC HOUSING

Phone: 216-661-2015
Fax: 216-661-2021

NOTIFICATION OF DECREASE IN INCOME

TENANT NAME: _____

TENANT ADDRESS: _____

CITY, STATE, ZIP CODE: _____

TELEPHONE #: _____

Please fully complete the following information and return this form to the PPHA to report an decrease in your household income. A 3rd party verification of this change will not be sent out if this form is not completed in full. You may fax, mail or hand-deliver the completed form.

1. Name of household member who has incurred a decrease in income:

2. What is the decrease in income (please check one):

☐ Public Assistance

☐ Pension

☐ Unemployment

☐ Child Support

☐ Social Security

☐ Workers Comp.

☐ Employment

☐ SSI

☐ Family Assistance

3. What is the date the decrease in income occurred:

4. What is the name of the income source (company name):

5. What is the complete mailing address of the income source:

a. Street Address: _____

b. City, State, Zip Code: _____

6. What is the telephone # of the income source:

7. What is the fax # of the income source:

NOTE: It is your responsibility to notify the PPHA of any and all changes in family composition and income within ten (10) calendar days of when the change occurs. Changes in family composition include birth, adoption, court awarded custody of any person and removing a household member from your lease. Changes in family income include employment, Public Assistance, Child Support, Unemployment, Social Security, etc. These changes are required as part of your family obligations under the Housing Choice Voucher and Public Housing programs. Failure to report these changes within the required time period may result in the termination of your housing subsidy.

SIGNATURE

DATE